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| Form SC | KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM Permit Application | |  Division of Water |
| NAME OF FACILITY: | | AGENCY USE ONLY | |
| PERMIT NO.: | | COUNTY: | |
| I. OUTFALL LOCATION | | | |
| <input type="checkbox"/> For each outfall, list the latitude and longitude of its location to five decimal points. | | | |
| OUTFALL NUMBER | LATITUDE In Decimal Degrees | LONGITUDE In Decimal Degrees | RECEIVING WATER (name) |
| | | | |
| | | | |
| | | | |
| II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES | | | |
| A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. | | | |
| B. For each outfall, provide a description of: (1) operations contributing wastewater to the effluent; (2) the average and/or design flow contributed by each operation; and (3) the treatment received by the wastewater. | | | |
| OUTFALL NUMBER | SOURCES OF WASTEWATER | | TREATMENT DESCRIPTION (refer to Table SC-1 for description) |
| | Operations Contributing to Flow | Average / Design Flow (include units) | |
| | | | |
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| III. FACILITY DISCHARGE | | | |
| A. Check the appropriate boxes indicating the types of wastewater discharged. | | | |
| <input type="checkbox"/> Domestic wastewater (60% or more sanitary sewage) | | | |
| <input type="checkbox"/> Non-contact cooling water | | | |
| <input type="checkbox"/> Filter backwash | | | |
| <input type="checkbox"/> Other non-process wastewaters. Provide description: | | | |

| | | | |
|--|--------------------|----------------------|---------------------------------|
| B. Does discharge occur all year? | | | |
| <input type="checkbox"/> Yes. | | | |
| How many days per week does discharge occur? | | | |
| What is the average duration of discharge? Specify hours or days. | | | |
| <input type="checkbox"/> No. | | | |
| C. Except for stormwater runoff, leaks, or spills, are any of the discharges intermittent or seasonal? | | | |
| <input type="checkbox"/> Yes. If yes, provide description of approximate number, duration, and volume of seasonal or intermittent flows. . | | | |
| <input type="checkbox"/> No. | | | |
| D. Provide the basis for design and sizing of the wastewater facility. | | | |
| E. If the facility is a new discharger, what is the anticipated discharge date? ? | | | |
| Treatment Plants Only to complete Section F & G. | | | |
| F. Does all water used at facility (except for human consumption) flow to a treatment plant? | | | |
| <input type="checkbox"/> Yes. | | | |
| <input type="checkbox"/> No. If no, please describe. | | | |
| G. What is the design capacity of the treatment system MGD | | | |
| IV. AREA SERVED BY WASTEWATER TREATMENT PLANT | | | |
| NAME OF AREA OR COMMUNITY | | | ACTUAL POPULATION SERVED |
| | | | |
| | | | |
| | | | |
| Total Population Served | | | |
| V. COOLING WATER ADDITIVES | | | |
| Are cooling water additives used? | | | |
| <input type="checkbox"/> Yes. In the table below, list each additive, its composition, concentration, and feed rate. Attach Safety Data Sheets for each. | | | |
| <input type="checkbox"/> No | | | |
| NAME OF ADDITIVE | COMPOSITION | CONCENTRATION | FEED RATE |
| | | | |
| | | | |
| | | | |

| VI. EFFLUENT CHARACTERISTICS | | OUTFALL NO: _____ | | |
|--|---------------------|--------------------------|-----------------|-------------------|
| Complete Sections A, B, and C for each outfall. | | | | |
| A. What is the frequency and duration of flow? | | | | |
| B. In the first part of the table below, provide results of effluent analysis for each pollutant / parameter listed. | | | | |
| C. | | | | |
| POLLUTANT/PARAMETER | UNITS | MAX DAILY VALUE | AVG DAILY VALUE | NUMBER OF SAMPLES |
| <input type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ | mg/l | | | |
| Total Suspended Solids | mg/l | | | |
| E.Coli | colonies/ 100 ml | | | |
| Total Residual Chlorine | mg/l | | | |
| Oil and Grease | mg/l | | | |
| Chemical Oxygen Demand | mg/l | | | |
| Total Organic Carbon | mg/l | | | |
| Ammonia | mg/l | | | |
| Discharge of Flow | MGD | | | |
| pH | s.u. | | | |
| Temperature (winter) | °F | | | |
| Temperature (summer) | °F | | | |
| METALS | UNITS | AVG CONCENTRATION | | |
| <input type="checkbox"/> Antimony | µg/l | | | |
| <input type="checkbox"/> Arsenic | µg/l | | | |
| <input type="checkbox"/> Beryllium | µg/l | | | |
| <input type="checkbox"/> Cadmium | µg/l | | | |
| <input type="checkbox"/> Chromium | µg/l | | | |
| <input type="checkbox"/> Copper | µg/l | | | |
| <input type="checkbox"/> Lead | µg/l | | | |
| <input type="checkbox"/> Mercury | µg/l | | | |
| <input type="checkbox"/> Nickel | µg/l | | | |
| <input type="checkbox"/> Selenium | µg/l | | | |
| <input type="checkbox"/> Silver | µg/l | | | |
| <input type="checkbox"/> Thallium | µg/l | | | |
| <input type="checkbox"/> Zinc | µg/l | | | |

VII. CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND TITLE:

SIGNATURE:

DATE:

TELEPHONE NO.

EMAIL:

Return completed application form and attachments to:

Division of Water

Surface Water Permits Branch

300 Sower Boulevard, 3rd Floor

Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.